



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY  
MIKE STRAIN DVM, COMMISSIONER



TRAVEL & PETTY CASH IMPREST FUND  
DIRECT DEPOSIT ENROLLMENT AUTHORIZATION  
MAIN BANK (PRIMARY ACCOUNT)

EMPLOYEE SSN	DEPARTMENT/OFFICE OR AGENCY
ACTION TYPE (Check one) <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> TERMINATE THIS OPTION	

**PRIMARY ACCOUNT INFORMATION**  
**(Main Bank)**

FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION ROUTING (ABA) NUMBER <i>(Bank Key)</i>
BANK ACCOUNT NUMBER	ACCOUNT NAME (Ex: Mr. And Mrs. John Doe, John or Jane Doe, John Doe)
ACCOUNT TYPE (Check One) <i>(Bank Control Key)</i> <input type="checkbox"/> *CHECKING (provide voided check or account verification)  <input type="checkbox"/> *SAVINGS (obtain account # & ABA # from financial institution)	*Account verification or completion of enrollment form by financial institution will assure the accuracy of account data:  Signature from institution: _____  Phone number: _____

(Print full name)

I, \_\_\_\_\_ authorize and request the Louisiana Department of Agriculture & Forestry to direct my travel and petty cash reimbursements to the account at the financial institution I designated above.

For any funds paid to me which are not due and owing to me, I hereby agree and authorize my appointing authority (employer) to adjust the amount next due to me to correct the overpayment, or to recover amount overpaid by reducing any future reimbursements so that the overpayment will be repaid or recouped within a reasonable number of months [not to exceed 12 months].

It is my responsibility to notify the Office of Management & Finance, as appropriate, should any changes occur to account specified. Considering all above conditions are met, this authorization remains in full effect until a written, signed notification to terminate, or another signed form indicating termination of this option is received from me and the Louisiana Department of Agriculture & Forestry has had reasonable opportunity to act on the termination.

\_\_\_\_\_  
Signature                      Date                      Phone where you can be reached  
between 8:00 and 4:30

**\*Contact the Office of Management & Finance if you have any questions.**

TO BE COMPLETED BY THE LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY:

MAIN BANK	FINANCIAL INSTITUTION ROUTING (ABA) NO. (If not provided above)	
TA NUMBER	PERSONNEL NUMBER	EFT VALIDITY DATE